



**Houston Department of Health
Bureau of Consumer Health Services
PO Box 300008
Houston, Tx 77230-0008**

**8000 North Stadium Dr 1st Floor
Houston, Tx 77054**

832.393.5100

**EXPRESS APPLICATION FOR A 2016 TEMPORAY FOOD DEALERS PERMIT
FOR 1-9 DAYS**

Please review and initial each of the following terms and conditions. If you cannot initial **ALL of these conditions, you must go through the interview process and cannot use this Express Application.**

I understand that this express application for a temporary food dealers permit must be received in the Health Department offices by mail at the PO box above or by personal deliver at the street address above no later than 7 calendar days before the start date of the permit. Late applications must include an additional fee of \$55.34

Applicant Initials: _____

I understand that this express application is designed for repeat applicants that are familiar with requirements and guidelines and that if I am a first-time applicant I have chosen to use the express application rather than the more detailed interview process.

Applicant Initials: _____

I understand that this express permit application may be only used for events of 9 or fewer consecutive days.

Applicant Initials: _____

I understand that a temporary food dealers permit may only be issued in conjunction with an event or celebration.

Applicant Initials: _____

I have determined that the location of the proposed temporary food service event is within the city limits of Houston.

Applicant Initials: _____

I have obtained permission from the property owner or his agent at the event location.

Applicant Initials: _____

I have made arrangements for the proper disposal of all rubbish, trash, and garbage resulting from the temporary food service operation including any clean up required after the event.

Applicant Initials: _____

I understand that full payment (money order or cashier's check only) must be submitted with this application.

Applicant Initials: _____

I understand that payments are not refundable for any reason including weather, event cancelations, or other unforeseen circumstances.

Applicant Initials: _____

I understand that this application is for one stand, booth, table, or tent under the control and supervision of one person, organization, or other entity. Additional stands or operators require additional applications and permits.

Applicant Initials: _____

I understand that my temporary food dealers permit will be mailed within 2 business days of the Health Department's receipt of a completed application (including full payment) to the %Applicant Address+on this application. Incomplete applications and/or applications without payment will be returned unprocessed.

Applicant Initials: _____

If this express application is received in the Health Department offices later than 7 calendar days before the start date of the permit and includes payment of the additional fee of \$55.34 the permit will be available for pick up on the following business day.

Applicant Initials: _____

If I do not receive my temporary food dealers permit before the event I will arrange to pick up the permit before the start date of the event at the Health Department office at 8000 North Stadium Dr. (77054)

Applicant Initials: _____

I have read and understand the %GUIDELINES FOR FOOD HANDLING AT TEMPORARY EVENTS+document included in this application package.

Applicant Initials: _____

I agree to post the original temporary food dealers permit in public view at the booth during all periods of operation including during any make ready activities before the event and cleanup activities after the event.

Applicant Initials: _____



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(Red/Bold/* Text Indicates Required Information)

TYPE OF FOODSERVICE

Check one of the following*:

Packaged Foods Only: ☐

Packaged Food and/or Open Foods: ☐

DATE(S) OF OPERATION

Application Date*:

Permit Start Date*:

Permit End Date*:

Office use (Date Received)

Day 1: Start Time*: End Time*:

Day 2: Start Time: End Time:

Day 3: Start Time: End Time:

Day 4: Start Time: End Time:

Day 5: Start Time: End Time:

Day 6: Start Time: End Time:

Day 7: Start Time: End Time:

Day 8: Start Time: End Time:

Day 9: Start Time: End Time:

Office use (Account #)

Office use (Invoice #)

Number of Consecutive Days (Maximum is 9)*: At \$66.40 per day =

Plus an Administrative Fee of \$11.06

Plus a special investigative fee of \$55.34 if submitted less than 7 calendar days before event start date

Total Fee (Attach Money Order or Cashier's Check Only)*:

FACILITY/EVENT INFORMATION

Facility/Booth/Stand Name*:

Name of Event*:

Address of Event*:

City/Zip*:

Phone at the location (if any):

APPLICANT INFORMATION

Applicant Name*:

Mail Address of Applicant*:

City/St/Zip*:

Applicant Phone*:

Applicant Email:

PROPERTY OWNER/AGENT INFORMATION

Company/individual Name*:

Attn:

Mail Address*:

City/St/Zip*:

Property Owner/Agent Phone*:

Property Owner/Agent Email:

ADDITIONAL EVENT INFORMATION

Event Coordinator (if Any):

Organization:

Contact Person:

Phone:

Email:

FOODSERVICE DETAILS

Types of Food/Beverages Served*:

Food Suppliers (These must be licensed commercial food service facilities rather than residential kitchens)*:

Foods Prepared on Site*:

Foods Prepared off Site (These must be prepared at licensed commercial food service facilities rather than residential kitchens)*:

SIGNATURE

Printed Name*:

Signature*:

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PLEASE PLACE YOUR COMPLETED APPLICATION AND PAYMENT IN THE ENVELOPE PROVIDED AND THEN PLACE THE SEALED ENVELOPE IN THE DROPBOX IN OUR OFFICE OR MAIL THE COMPLETED APPLICATION AND PAYMENT TO THE POST OFFICE BOX ON THE LETTERHEAD.

YOUR PERMIT WILL BE MAILED TO YOU WITHIN 2 BUSINESS DAYS OF RECEIPT.

GUIDELINES FOR FOOD HANDLING AT TEMPORARY EVENTS

Each physically separated booth, stand, tent or table requires a separate permit.

ITEM 1: Ice used for consumption must be from an approved source. Ice shall be held in bags until used and dispensed properly.

ITEM 2: Food contact surfaces of equipment shall be protected from contamination by consumers by using separating counters, tables, sneeze guards, etc.

ITEM 3: Provide only single-service articles for customer's use.

ITEM 4: Provide potable water for cleaning and sanitizing utensils. Provide a heating facility capable of producing hot water.

Use three (3) containers for **WASHING, RINSING & SANITIZING**
e.g. plastic buckets, plastic food containers.



- Use a gravity-type water dispenser for employee hand washing e.g. drink dispenser with a spout or spigot. Do not forget hand washing soap, paper towels and catch basin.
- **Unless suitable utensils are used to handle ready-to-eat foods, single-use gloves are required for all food handlers.** (Section 20-21.8)



ITEM 5: Do not store any food in contact with water or undrained ice.

ITEM 6: Dispose of all liquid and solid waste properly.

ITEM 7: Provide cleanable floors in food preparation and service areas e.g. concrete, wood, or asphalt.

ITEM 8: Provide a ceiling in food preparation and service areas e.g. wood, canvas, or other material that protects the interior of the establishment from the weather and other agents.

ITEM 9: Protect food that is served:

- Keep **HOT** foods at 140° F or above and keep **COLD** foods at 41° F or below
- Wear an effective hair restraint e.g. ball cap or hair net. No hair spray or visors will be acceptable.
- Use packaged foods or provide sneeze guards at display area.
- All food, equipment and paper products shall be stored at least 6 inches above the floor.
- No eating, drinking, smoking is allowed in the food booth.

SERVE ONLY FOODS THAT ARE PREPARED OR OBTAINED FROM AN APPROVED SOURCE.

The Health Officer may impose additional requirements to protect against health hazards related to the conduct of the temporary food establishments and may prohibit the sale of some or all potentially hazardous foods.